



**Payment Agreement
& Personal Information Disclosure**

Sussex County Government
Finance Department – Collections Division
2 The Circle
P.O. Box 589
Georgetown, DE 19947
(302) 855-7831

Office Use Only		
<input checked="" type="checkbox"/>	Type	Account Number
	Property Tax	
	Utility Billing	
	Utility Permits	
	Staff ID	

APPLICANT INFORMATION

Full Name:	Date of Birth:	Social Security Number:	
Street Address:	City:	State:	ZIP:
Telephone Number:	Cell Number:	Email Address:	
Employer Name:	Phone Number:		
Employer Address:	City:	State:	ZIP:
Length of Employment:	Current Position:	Gross Annual Income:	

CO-APPLICANT INFORMATION

Full Name:	Date of Birth:	Social Security Number:	
Street Address:	City:	State:	ZIP:
Telephone Number:	Cell Number:	Email Address:	
Employer Name:	Phone Number:		
Employer Address:	City:	State:	ZIP:
Length of Employment:	Current Position:	Gross Annual Income:	

CONTACT INFORMATION

Name, phone number, and address of closest relative (not living with you):

TERMS AND CONDITIONS

I agree to make monthly payments in the amount of \$_____ beginning _____ for a period of _____ months. During that time, I am responsible for paying in full any future tax or sewer bills on or before the required due date. While in the payment plan, I am still subject to the Clean Hands Ordinance, preventing new permits/applications while delinquent. Failure to maintain monthly payments or to pay future bills may result in the agreement being deemed null and void and all balances immediately due. Further, should the property cease to become my primary residence or if it is determined that the property is not my primary residence, the agreement will be deemed null and void and all balances immediately due.

Failure to meet the terms and conditions of this agreement may result in Monitions sale or the County may choose to intercept your IRS tax refund to offset the past due balance.

_____	_____	_____	_____
<i>(Applicant Signature)</i>	<i>(Date)</i>	<i>(Co-Applicant Signature)</i>	<i>(Date)</i>
_____	_____	_____	_____
<i>(Employee Name)</i>	<i>(Date)</i>	<i>(Department Name)</i>	